Notice of Exempt
Offering of Securities

### U.S. Securities and Exchange Commission

Washington, DC 20549

#### (See instructions beginning on page 5)

OMB APPROVAL
OMB Number: 3235-0076
Expires: October 31, 2008
Estimated average burden

hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity			
Name of Issuer	Previous Name(s)	None	Entity Type (Select one)
River's Edge Sponsor, LLC		<u> </u>	Corporation
Jurisdiction of Incorporation/Organization	,		Limited Partnership
Delaware			Limited Liability Company
			General Partnership
Year of Incorporation/Organization (Select one)		08064477	Business Trust Other (Specify:
Over Five Years Ago Within Last Five (specify year		t to Be Formed	
(If more than one issuer is filing this notice, co	heck this box 🔲 and identify	y additional issuer(s) by a	ttaching Items 1 and 2 Continuation Page(s
Item 2. Principal Place of Business  Street Address 1	and Contact Informat	Street Address 2	Parit Recent
Street Address 1	····		FKOCESSED
37 Graham Avenue		Suite 200B	NOV 2 8 2008
City	State/Province/Country	ZIP/Postal Code	V \_Phone No.
San Francisco	California	94129	HANSGWREUTERS
Item 3. Related Persons			
Last Name	First Name		Middle Name
Hamilton Zanze & Company			
Street Address 1		Street Address 2	
37 Graham Avenue		Suite 200B	SEC Mail Processing
City	State/Province/Country	ZIP/Postal Code	Section
San Francisco	California	94129	NUV 13 2008
Relationship(s): X Executive Officer	Director Promoter		Machinatan Do
Clarification of Response (if Necessary)	anager		Washington, DC
Item 4. Industry Group (Select	one)		and attaching Item 3 Continuation Page(s
Agriculture Banking and Financial Services	<ul><li>Business</li><li>Energy</li></ul>	Services	Construction
Commercial Banking		ric Utilities	REITS & Finance
Insurance	Ŭ Energ	y Conservation	Residential Other Real Estate
Investing	Coal I	Mining	
Investment Banking	O Envir	onmental Services	<ul><li>Retailing</li><li>Restaurants</li></ul>
Pooled Investment Fund	Oil &		Technology
If selecting this industry group, also sele type below and answer the question be	elow:	r Energy	Computers
Hedge Fund	Health Ca	are chnology	Telecommunications
Private Equity Fund	Ž	h Insurance	Other Technology
Venture Capital Fund	Ŏ Hospi	tals & Physcians	Travel
Other Investment Fund		naceuticals	Airlines & Airports
Is the issuer registered as an inves company under the investment C	( ) Other	Health Care	Lodging & Conventions
Act of 1940? Yes No		turing	Other Travel
Other Banking & Financial Services	Real Estat	<b>te</b> nercial	Other
	( ) COIIII	······	<u> </u>

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Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)  OR  Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund i Item 4 above)  No Revenues  No Aggregate Net Asset Value	
OR	n
\$1 - \$1,000,000 \$1 - \$5,000,000	
\$1,000,001 - \$5,000,000 \$5,000,000 \$5,000,000	
\$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	
S25,000,001 - \$100,000,000 S50,000,001 - \$100,000,000	
Over \$100,000,000 Over \$100,000,000	
O Decline to Disclose O Decline to Disclose	
Not Applicable Not Applicable	
Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)	
Investment Company Act Section 3(c)	
☐ Rule 504(b)(1) (not (i), (ii) or (iii)) ☐ Section 3(c)(1) ☐ Section 3(c)(9)	
Rule 504(b)(1)(i) Section 3(c)(2) Section 3(c)(10)	
Rule 504(b)(1)(ii) Section 3(c)(3) Section 3(c)(11)	
Rule 504(b)(1)(iii) Section 3(c)(4) Section 3(c)(12)	
Rule 505 Section 3(c)(5) Section 3(c)(13)	
Securities Act Section 4(6)  Section 3(c)(14)  Section 3(c)(7)	
Item 7. Type of Filing	
New Notice     OR	
Date of First Sale in this Offering: 09/30/2008	
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than one year?  Yes No	
Item 9. Type(s) of Securities Offered (Select all that apply)	
Equity Pooled Investment Fund Interests	
☐ Debt ☐ Tenant-in-Common Securities	
Option, Warrant or Other Right to Acquire	
Another Security Other (Describe)	
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Item 10. Business Combination Transaction  Is this offering being made in connection with a business combination Yes X No	<del></del>
Item 10. Business Combination Transaction  Is this offering being made in connection with a business combination Yes No transaction, such as a merger, acquisition or exchange offer?	<del></del>
Item 10. Business Combination Transaction  Is this offering being made in connection with a business combination Yes X No	

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Item 11. Minimum Investment		
Minimum investment accepted from any outside investor	\$ 117,040	
Item 12. Sales Compensation		
Recipient	Recipient CRD Number	
	☐ No CRD I	Number
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number	
	□ No CRD I	Number
Street Address 1	Street Address 2	
City State/Prov	vince/Country ZIP/Postal Code	
State/Flov	Vince/Country Zir/Fostal Code	
States of Solicitation All States		
AL AK AR AR CAN CO		ÎD Î
IL IN IA KS KY LA	ME MD MA MI MN MS	□wo
RI SC SD TN TX UT	Î∏NY, Î∏NC ∏ND Î∏OH ∏OK Î∏OR Î □VT ∏VA ∏WA ∏WV ∏WI ∏WY	`. □ PA □ PR
(Identify additional person(s) being paid compe	ensation by checking this box and attaching Item 12 Continuar	tion Page(s).
Item 13. Offering and Sales Amounts		
(a) Total Offering Amount \$ 11,704,000	OR Indefinite	
•	OR Indefinite	
(a) Total Pagaining to be Sold		
(Subtract (a) from (b))	OR Indefinite	
Clarification of Response (if Necessary)		<del></del> _
Consists of \$3,620,000 of equity and \$8,084,000 of estima	ated debt.	
Item 14. Investors		
Check this box if if securities in the offering have been or may number of such non-accredited investors who already have inv	y be sold to persons who do not qualify as accredited investors, and vested in the offering:	d enter the
ŕ	vested in the offering:	
Enter the total number of investors who already have invested	d in the offering:	
Item 15. Sales Commissions and Finders' Fees	Expenses	
<del></del>	ers' fees expenses, if any. If an amount is not known, provide an e	estimate and
check the box next to the amount.		
	Sales Commissions \$ 0.00 Estim	ate
Clarification of Response (if Necessary)	Finders' Fees \$ 0.00 Estim	ate

number.

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em 16. Use of Proceeds	
ovide the amount of the gross proceeds of the offering that haved for payments to any of the persons required to be not ectors or promoters in response to Item 3 above. If the amount imate and check the box next to the amount.	amed as executive officers, \$
Clarification of Response (if Necessary)	
gnature and Submission	
Please verify the information you have entered and re	view the Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice	ce, each identified issuer is:
the State in which the issuer maintains its principal p process, and agreeing that these persons may accept such service may be made by registered or certified in against the issuer in any place subject to the jurisdict activity in connection with the offering of securities to provisions of: (i) the Securities Act of 1933, the Securities Company Act of 1940, or the Investment Advisers Act State in which the issuer maintains its principal place	ry of the SEC and the Securities Administrator or other legally designated officer of place of business and any State in which this notice is filed, as its agents for service of it service on its behalf, of any notice, process or pleading, and further agreeing that small, in any Federal or state action, administrative proceeding, or arbitration brought ation of the United States, if the action, proceeding or arbitration (a) arises out of any that is the subject of this notice, and (b) is founded, directly or indirectly, upon the ities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment at of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the erof business or any State in which this notice is filed.
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of State "covered securities" for purposes of NSMIA, whether in all it routinely require offering materials under this undertaking so under NSMIA's preservation of their anti-fraud authority.  Each identified issuer has read this notice, knows the	of the National Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, tes to require information. As a result, if the securities that are the subject of this Form D are instances or due to the nature of the offering that is the subject of this Form D, States cannot por otherwise and can require offering materials only to the extent NSMIA permits them to do to the contents to be true, and has duly caused this notice to be signed on its behalf by the and attach Signature Continuation Pages for signatures of issuers identified
in Item 1 above but not represented by signer below.	
Issuer(s)	Name of Signer
River's Edge Sponsor, LLC	A-H- Z
Simplifys	Time
Signature	Title C E a
	Date
Number of continuation pages attached:	10/20/08

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB

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#### **Item 3 Continuation Page**

Item 3. Related Persons (Continued) Last Name First Name Middle Name Hamilton Mark Street Address 1 Street Address 2 37 Graham Avenue Suite 200B City State/Province/Country ZIP/Postal Code California 94129 San Francisco Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) | Executive Officer of Manager Last Name Middle Name First Name Zanze Anthony Ю. Street Address 1 Street Address 2 Suite 200B 37 Graham Avenue, State/Province/Country ZIP/Postal Code City 94129 San Francisco California Executive Officer ☐ Director ☐ Promoter Relationship(s): Clarification of Response (if Necessary) | Executive Officer of Manager Middle Name Last Name First Name Houtkooper Kurt Street Address 2 Street Address 1 Suite 200B 37 Graham Avenue, City State/Province/Country ZIP/Postal Code 94129 California San Francisco Relationship(s): X Executive Officer Director Promoter Clarification of Response (if Necessary) Executive Officer of Manager Last Name First Name Middle Name Street Address 2 Street Address 1 City State/Province/Country ZIP/Postal Code Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary)

(Copy and use additional copies of this page as necessary.)